

FORM CD-171 (REV. 7-71) LF DAO 202-552		U.S. DEPARTMENT OF COMMERCE		GENERAL INSTRUCTIONS —Submit original and two copies to appropriate office, in accordance with internal procedures. See specific Instructions to Allotter and to Operating Units on reverse before completing form.	
<div>ALLOTMENT OF PAY</div> <div>(Check appropriate block)</div> <div><input type="checkbox"/> APPLICATION <input type="checkbox"/> STOPPAGE <input type="checkbox"/> CHANGE</div>					
TO (Name of Designated Approving Office and Operating Unit)		FROM (Name of Allotter)		SOCIAL SECURITY NUMBER OF ALLOTTER	
SECTION I.—APPLICATION FOR ALLOTMENT (Complete Items 1 (or 2), 3, 4, 5, 6 and Section IV) I hereby request and authorize the following allotment to be made from my pay each period, as indicated, and to be continued until revoked by me in writing, or until my eligible status changes.					
1. ALLOTMENT PER PAY PERIOD	A. AMOUNT IN DOLLARS (Write out)	B. INSERT FIGURE	C. FIRST DEDUCTION (Pay period beginning)		
		\$			
2. ALLOTMENT PER MONTH (See Instrs.)	A. AMOUNT IN DOLLARS (Write out)	B. INSERT FIGURE	C. FIRST DEDUCTION (Pay period beginning)		
		\$			
3. PAYABLE TO (Name of Allottee)		4. ADDRESS OF ALLOTTEE (Street, City, State, Zip Code)			
5. IF PAYABLE TO BANK, FINANCIAL INSTITUTION, OR INDIVIDUAL FOR CREDIT OF ALLOTTEE (Give name and address)		6. PURPOSE OF ALLOTMENT (e.g., support relatives or dependents, savings, insurance premium on life of Allotter, etc.)			
SECTION II.—STOPPAGE OF ALLOTMENT (Complete Items 1, 2, 3 and Section IV) I hereby request that the following allotment be stopped.					
1. PAYABLE TO (Name of Allottee)					
2. ALLOTMENT PER PERIOD AUTHORIZED		3. LAST PAYMENT TO BE MADE (Indicate pay period ending, or month, if allotment paid on monthly basis)			
A. AMOUNT IN DOLLARS (Write out)		B. INSERT FIGURE			
		\$			
4. FOR OPERATING UNIT USE ONLY (See Paragraph 2.13 of Order)		REASON FOR STOPPAGE			
SECTION III.—CHANGE IN ALLOTMENT <input type="checkbox"/> AMOUNT (Complete Items 1, 2, 3 and Section IV) <input type="checkbox"/> ADDRESS OF ALLOTTEE (Complete Items 1, 4, 5 and Section IV)					
1. PAYABLE TO (Name of Allottee)					
2. FORMER ALLOTMENT PER PERIOD AUTHORIZED		3. NEW ALLOTMENT PER PERIOD AUTHORIZED			
A. AMOUNT IN DOLLARS (Write out)		B. INSERT FIGURE		A. AMOUNT IN DOLLARS (Write out)	
		\$		B. INSERT FIGURE	
				\$	
4. FORMER ADDRESS OF ALLOTTEE (Street, City, State, Zip Code)		5. CHANGE ADDRESS OF ALLOTTEE TO (Street, City, State, Zip Code)			
SECTION IV.—TO BE COMPLETED BY ALLOTTER					
SIGNATURE				DATE ACTION REQUESTED	
SECTION V.—ACTION BY DESIGNATED APPROVING OFFICE —This is to notify you that the above action is:					
1. <input type="checkbox"/> APPROVED—The appropriate change will be made to the Allotter's account.		2. <input type="checkbox"/> DISAPPROVED—Allotter does not meet the conditions specified by DAO 202-552.		3. <input type="checkbox"/> AUTHORIZED—In accordance with Paragraph 2.13.	
4. SIGNATURE OF APPROVING OFFICER		5. TITLE		6. DATE	

INSTRUCTIONS TO ALLOTTER

Submit original and two copies to appropriate office in accordance with internal procedures. Retain Copy 4. Allotter will be responsible for submitting this form to the designated approving office to authorize a change in allotment, or to stop allotment payments.

A separate form must be prepared for each allottee.

The following forms are to be used for the type of allotment set forth below:

TYPE	FORM
Union or Supervisor's Dues	SF 1187 or SF 1188
Combined Federal Charity Campaign	CSC 804 or 804-A
Allotment or Assignment of Pay to Financial Institutions for Credit to Account	SF 1189 or SF 1198

INSTRUCTIONS TO OPERATING UNIT

INITIATION OR STOPPAGE OF ALLOTMENT—Form CD-171 is to be used in lieu of separate memoranda as the official document for payroll changes in all cases where another document is not prescribed by DAO 202-552.